

“Dr. Profit” named head of the Canadian Medical Association

By **Éric Marquis**
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In August of this year, Dr. Brian Day, an unabashed proponent of the privatization of the Canadian health care system, began a one-year term as president of the Canadian Medical Association (CMA), an organization comprising some 60,000 doctors across Canada. The arrival of Day—who had been nicknamed “Dr. Profit” by supporters of Canada’s universal public health insurance program—has received the fervent support of a Canadian ruling elite eager to intensify the assault on Medicare and to expand the market for private, for-profit health services.

Dr. Day, medical director of the Cambie Surgery Center, a major Vancouver-based private clinic, and director of the Canadian Independent Medical Clinics Association (CIMCA), adds his voice to those who promote the idea that the Canadian health system and the Canada Health Act must be refashioned to involve a much greater participation of the private sector.

In his inaugural speech, Dr. Day made pointed reference to the 2005 Chaoulli decision of the Supreme Court, which annulled portions of a Quebec law aimed at preventing private insurance companies from covering essential medical services offered by the state-financed public health system. In Day’s words, “Let’s be clear: Canadians should have the right to private medical insurance when timely access is not available in the public system. The CMA didn’t decide that, I didn’t decide that, the highest court in the land decided that.”

The Supreme Court’s 2005 Chaoulli decision was a decisive step in the protracted assault of the Canadian bourgeoisie on Medicare.

Faced with huge popular opposition to their plans, the ruling class found itself unable to proceed as rapidly or extensively as it wanted, despite the savage cuts in public medical services and social programs carried out by both the provincial and federal levels of government.

Between 1995 and 2000, the Liberal government of

Jean Chrétien and Paul Martin cut by one third the federal-provincial transfer payments which fund postsecondary education and health care. Under the slogan of a “zero deficit” and with the support of the trade union bureaucracy, the Parti Québécois (PQ) government of Premier Lucien Bouchard made massive cuts to health care in Quebec and imposed an early retirement scheme that resulted in the elimination of thousands of jobs. The latter action has dramatically and permanently reduced the services offered to the public.

The perilous state of the Canadian health system, with long waiting lists and a chronic nursing shortage, is the result of a deliberate and longstanding government policy aimed at redistributing wealth from the working class to the very rich. The resulting decline of the medical system has then been used by the ruling elite, together with the business interests that stand to benefit most directly, to justify an increased role for the private sector.

This is the context of the Supreme Court’s “Chaoulli” decision, which has served to reinforce and to intensify the assault on the Medicare by giving it the sanction of the highest court in the land.

The ultra-conservative *National Post*, representing those sections of the ruling elite which most openly espouse the privatization of medical services, emphatically threw its support behind Dr. Day as CMA president. In an August 21 editorial the daily opined that, “If anyone has the energy and wit to explain the benefits of private options to Canadians, it is Dr. Day.”

Still favouring privatization, but preferring a more cautious approach, the *Globe & Mail* preferred to emphasize the role that the private sector could play within the existing public system. In so doing, the newspaper traditionally most identified with Bay Street is speaking for those sections of the bourgeoisie that are more sensitive to the potentially explosive consequences of the unbridled assault on the national public health care

system advocated by Dr. Day.

The *Globe & Mail* recommended other provinces emulate the Quebec government's policy of encouraging the establishment of private, for-profit "specialized clinics" in "affiliation" with the public health care system. In reality, these "affiliated clinics" are subcontractors. Declared the *Globe*, "Medicare has far more room for publicly funded private clinics than timid political leaders generally admit, and Quebec has set up a commission to look at how private care might reduce waiting times."

The Quebec government of Liberal Premier Jean Charest has allowed the private sector to make significant inroads into the public medical system. The private "affiliated specialized clinics" do business as part of the public health care system and are permitted to make a profit using public equipment, infrastructure, and nursing personnel to offer services that would normally be provided by public clinics and hospitals. They are also entitled to provide only the most profitable procedures. Yet the cost of care at such private clinics is paid for by the provincial health insurance scheme, as though it was a public, non-profit clinic.

An unprecedented agreement along these lines might soon be reached between Montreal's Sacre-Coeur Hospital and the private Rockland MD Clinic, allowing the latter to perform some 1300 general, orthopedic and gynecological operations. Quebec Health Minister Philippe Couillard described this agreement as a step forward for the Quebec medical system. Only last June the same clinic was censured by the Quebec provincial health care authority, the Régie de l'assurance maladie du Québec, for illegally charging additional amounts to their patients.

First introduced in February 2006 and formally made law with Bill 33 in December 2006, the development of such for profit clinics was part of the Quebec government's response to the Canadian Supreme Court's "Chaoulli" decision. Presented by the ruling class and the press as a simple measure to permit the private sector to buttress and improve the public system, it in fact contains all the ingredients necessary for the development of a parallel system of private health care.

The same politicians and corporate media who cynically exploited the crisis in the public health care system to demand the right for patients to seek speedy treatment from the private sector are now seeking to politically disarm the population by distorting and minimizing the extent to which the "guaranteed access" provisions of Bill

33 can be used as a mechanism to push for health care privatization. This provision permits a patient who cannot be treated in a timely fashion within the public health system to seek treatment in an affiliated specialized clinic, and if this proves impossible, to turn to an entirely private medical clinic. "Guaranteed access" is currently limited to three types of "elective" surgery: hip and knee replacement and cataracts. However, last June Health Minister Couillard announced the probable extension of surgeries permitted under this scheme to some thirty additional operations, including the treatment of hernias, varicose veins, hemorrhoids, dermatological problems and morbid obesity. This change can be implemented simply through a government regulatory order.

Bill 33 also gave patients with the means the right to buy private insurance to cover various types of elective surgeries.

The Charest government set up a public commission last May to lay the groundwork for the further privatization of health care. As chairman of the commission, the government chose the former Liberal minister Claude Castonguay, an ardent promoter of health care privatization. He has called for the revision of the Canada Health Act, which governs Medicare, so as to allow user fees, private medical insurance and the abolition of restrictions on doctors working simultaneously in the both the public and private sectors.

Signaling their favorable assent to the entire project, both opposition parties, the Parti Québécois (PQ) and the Action Démocratique du Québec (ADQ), have agreed to send a party stalwart to sit on the commission.

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